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Division	of Health Service Re	gulation			-	
STATEMEN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL041015	B. WING		06/1	5/2016
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
LAWSON	'S ADULT ENRICHM	INT CENTER	ODBRIAR AV			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE AI'PROF DEFICIENCY)	D BE.	COMPLETE DATE
C 000	Initial Comments		C 000	SEE ATTACHMENT		
	Report of a Biennia Miller on June 9 20	Construction Survey by Ed 16.		SEE ATTACHMENT FOR ALL ENTRYS		
	Home or the Aged : July 7, 1994. There 1991 and the applic Rules for the Licens and, the 1991 N.C. 409 Special Institut Unrestrained Occup	is facility was Licensed as a serving eighteen residents on afore the facility must meet the table portions of the 2005 sing of Adult Care Homes, State Building Code, Section ional Occupancy - Group I pancies.		CONSTRUCTION SECTION AUG 0 9 2016 RECEIVED	N	
C 133	Bathrooms-Hand G	rips	C 133			
	rooms are: (6) Hand grips shall commodes, tubs an accessible to reside. This Rule is not me 1. Based on observation of the ensure that commo equipped with stable affects all residents fixtures by not provicentrolled against in maneuverability at the Findings on June 18	ots of pathrooms and toilet If the installed at all and showers used by or ents; If as evidenced by: rvation, the facility failed to des, tubs and showers are the hand grips. This deficiency who use these unstable ding increased safety, astability/balance, and the fixtures.				

LABORATORY DIRECTOR'S OR PROVIDERSUPPLIER REPRESENTATIVE'S SIGNATURE

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	,		A. BUILDING	. 01		
		HAL041015	B. WING		06/1	5/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
		1319 WO	DBRIAR AN			
LAWSON	I'S ADULT ENRICHM!	ENT CENTER	BORO, NC 2			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	PROVIDER'S PLAN OF CORPICTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	N S-IDULD BE COMP	
C 152	Continued From pa	ge 1	C 152			
C 152	Entrances-Steps, P	orches with Handrails	C 152			
	exits are: (2) All steps, porch provided with hands This Rule is not me 1. Based on obse equipped with hand steps, porches, sto affect all residents, need handrail/guard safety, stability/bala these locations. Findings on June 1:	of PHYSICAL. Into for outside entrances and less, stoops and ramps shall be rails and guardrails; et as evidenced by: rvation, the building was not lealls and guardrails at all loops and ramps. This would staff and visitors who would drails to provide increasing ince, and maneuverability at the sterior Door - there was no				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 184			
	FURNISHINGS (a) Adult care home (1) have walls, ceili coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND				
		rvation, the facility failed to and floors or floor coverings				

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL041015 06/15/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1319 WOODBRIAR AVENUE LAWSON'S ADULT ENRICHMENT CENTER GREENSBORO, NC 27405 COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION S-IOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 164 C 184 Continued From page 2 Findings on June 15, 2016: a. Corridors Throughout the Facility - the VCT floor covering was dirty, especially at the intersection with the walls, and around the doorframes, where there was a build-up of wax and dirt. b. Dining Room - the VCT floor covering was dirty, especially at the intersection with the walls, and around the doorframes, where there was a build-up of wax and dirt. c. Bathing - the plastic laminate edge band on the counter mounted sink was coming off. d. Bathing - the tub surround had mold growth. e. Bathing - the wall behind the commode was damaged. f. Bathing - the ceiling was stained. g. Bedroom 1 Restroom - the plastic laminate sink counter was all scratched-up. h. Bedroom 7 - there was a crack in the wall between the closets. 2. Based on Observation, the Building was not kept clean and in good repair. Findings on June 15, 2016: a. Bedroom 5- the corridor side closet door had a hole in it. b. Bedroom 7 - the corridor side closet 's doorknob was very loose. C 186 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing

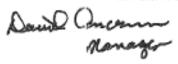
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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
			7. 50.05			
		HAL041015	8. WING 06/15			5/2016
NAME OF	PROVIDER OR SUPPLIER	0.11.00		STATE, ZIP CODE		
LAWSON'S ADULT ENRICHMENT CENTER			ODBRIAR AN BORO, NC 2			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL GROSS-REFERENCED TO THE APPROVIDERICIENCY)	DBE	(XS) COMPLETE DATE
C 166	facilities. This Rule is not me 1. Based on Obse provide an environr maintaining the HW associated damper residents, staff and the dampers do not the fire within the ro Findings on June 19 a. Bedroom 8 Res falling out of the cei	et as evidenced by: ervation, the facility failed to nent free of hazards by not AC/ventilation grilles and their s. This could affect all visitors if in the event of a fire close completely to contain som of origin. 5, 2016: stroom - the exhaust fan was ling.	C 196	-		
C 174	SECTION .0300 - F 10A NCAC 13F .030 FURNISHINGS (b) Each bedroom s furnishings in good resident: (2) a bedside type of (3) chest of drawer provided as built-insidrawers or double of (4) a wall or dresse each resident; (5) a minimum of of or straight, arm or wasident), high enout (6) additional chairs by visitors;	chall have the following repair and clean for each table; sor bureau when not to, or a double chest of tresser for two residents; or mirror that can be used by the comfortable chair (rocker without arms, as preferred by 19th from floor for easy rising; available, as needed, for use apply to new and existing	C 174			

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING. HAL041015 08/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WOODBRIAR AVENUE LAWSON'S ADULT ENRICHMENT CENTER GREENSBORO, NC 27405 SUMMARY STATEMENT OF DEPICIENCIES PROVIDER'S PLAN OF CORRECTION (X3) COMPLETE DATE (XA) ID (BACH DEFICIENCY MUST BE PRECEDED BY FUL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATIONS TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 174 | Continued From page 4 C 174 Based on observations, the facility failed to maintain the furnishings in good repair and clean. Findings on June 15, 2016: Bedroom 5 - the dresser was missing four drawer posts and seven bail pulls. C 188 Electrical Outlets in Wet Locations C 188 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on June 15, 2016: a. Bedroom 9 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION 0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical. mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

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and the second second second	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			MULTIPL UILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED	
		HAL041015	B. W	ING		06/1	5/2016	
NAME OF	PROVIDER OR SUPPLIER			., , .	TATE, ZIP CODE			
LAWSON'S ADULT ENRICHMENT CENTER			9 WOODBR EENSBORO					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	PR	ID REFIX TAG	PROVIDER'S PLAN OF CORFIECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE AFPROVIDEFICIENCY)	DBE	(X5) COMPLETE DATE	
C 189	Continued From pa	ge 5	C 1	89				
	maintained in a safe because of holes are through the fire-resistance-rated could affect all resid smoke/fire is not co-compartment of originality on June 18 a. Front Side Correvere two, ¾ inch hot through the fire-resistance conduit fire-resistance-rated fire-res	rvations, the Building was and operating condition of gaps around penetratistance-rated construction alidate the disconstruction is integrity. Jents, staff and visitors if intained in Room or gln. 5, 2016: dor Storage Closet - the ples with cables, penetratistance-rated wall assembly not in the cover plate on the c	This This re ing bly er ling les a the					
	exit sign did not corr through the fire-resis assembly.	pletely cover/protect the stance-rated ceiling	noie					
	maintained in a safe because the corridor passage of smoke d into their frames with	vation, the Building was a and operating condition, doors did not resist the lue to door leafs not fitting a acceptable gaps under notitions. This could affect	g					

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If continuation sheet 6 of 10

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Division of Health Service Regulation								
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED			
	HAL041015		B. WING		06/15/2016			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE				
LAWISON'S ADDIT ENDICHMENT CENTER			ODBRIAR AV BORO, NC 2					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE	(X5) COMPLETE DATE		
C 189	Continued From pa	ige 6	C 189					
C 189	residents, staff and contain smoke/fire it Findings on June 1: a. Public Restroor floor, preventing it it without the use of eb. Bedroom 2 - the close and latch with 3. Based on Obse maintained in a safe corridor doors were not release with a preventing the door latched rapidly. This staff and visitors by in the room of origin Findings on June 1: a. Living Room - the holding the door op b. Kitchen to Dinin open with a heavy v.c. Bedroom 8 - the holding the door op desistance rated comaintained safe and the corridor doors a could affect all resid doors did not contain origin. Findings on June 1: a. Living Room - ti into its frame when	visitors if the doors did not in the room of origin. 5, 2016: m - the corridor door hits the from closing and latching extra force. e corridor door would not nout the use of extra force. ervation, the Building was not e condition, because some held open by devices that do oush or pull of the door, or from being closed and a could affect all residents, ont containing smoke and fire in. 5, 2016: the corridor door had a wedge en. Try Room - the door was held weighed object. e corridor door had a wedge en. rvation, the facility fire in the moon of the corridor door door had a wedge en. from the facility fire in the room of the corridor door did not latch closed. corridor door did not latch closed. corridor door did not latch closed.						
	5. Based on obser	rvation and testing, the						
	Building was not ma	sintained in a safe and						
vision of He	salth Service Regulation				-			

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	of Health Service Re	quistion		- A - WARDINGTON	(X3) DATE SI	IRVEY
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01		
			1		1	1
		HAL041015	B. WING		06/15	/2016
		HACUSTUTS				
NAME OF E	ROYDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP GODÉ		1
TOTAL OF T	HOTISEIT SIT SOL TELL		ODBRIAR AV			İ
LAWSON	'S ADULT ENRICHM	こいす ふきいを思る	SORO, NC 2			- 1
		GREENS	SUKU, NU Z	The second secon	-	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTIVE ACTION \$1500	D DE	(XS) COMPLETE
PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
TAG	REGULATORY OR L	SCIDENTIFTING INFORMATION)	1203	DEFICIENCY)		
			-			
C 189	Continued From pa	ge 7	C 189			- 1
2 .00		-	1)	
	operating condition	, because the emergency	1			- 1
	lighting, which illum	ninates the egress pathways	1			- 1
	during power outag	es, did not work properly. This	1		1	1
		idents, staff and visitors if the				- 1
		ere not illuminated during	i			- 1
	power outages and	there is no other illumination	1		1	- 1
	available.		l		ŀ	
	Findings on June 1	5 2016		·	-	
	a Main Corridor	near Bedroom 8 - the	1			
		contained emergency light did				
	not work on backup	p power when tested.				
	Based on obse	rvation, the Building was not	i			
		e and operating condition,	1		1	
	because the exit si	gns did not work properly.	1			
	relay directional inf	ormation properly or were	1		- 1	
		d affect all residents, staff and	1		1	
	visitors if they could	d not promptly find their way to	1		1	
	an exit during an e		1		- 1	
	Findings on June 1		1		1	
		xterior Door - the exit sign did	1		1	
		or backup power when	1		1	
		or backup power when	1		- 1	
	tested.	Dadasan O the suit sine	1			
		near Bedroom 8 - the exit sign				
	ala not work on ba	ckup power when tested.				
		and a second				
		ervation, the Building was not	1			
		e and operating condition,	1		1	
		ical lighting system was not	1 '		1	
	being operated or	maintained safely, providing	1		1	
	reliable illumination	. This could affect all	1		1	
		visitors if walking areas and	1		- 1	
		erly illuminated, warning of	I			
	tripping hazards or		1		i	
	Findings on June 1		1			
		exterior Door - the exterior light	1		- 1	
			1		.	
	fixture was missing		1			
		ollet compartment 's light/fan	1		- 1	
	fixture was missing		1		- 1	
	c. Bedroom 1 Re	stroom - the light/fan fixture	L	L		

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Division o	Division of Health Service Regulation (XX MULTIPLE CONSTRUCTION (XX) DATE SURVEY							
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	A. BUILDING: (CONSTRUCTION 01	COMPL	ETED		
		HAL041015	9. WING		06/15	/2016		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE				
	'S ADULT ENRICHMI	こいて ヘビリアせき	DBRIAR AV			1		
LAWSUN		GREENS	ORO, NC 2	PROVIDER'S PLAN OF CORRECTS	ON	(203)		
(X4) ID PREFIX TAG	WACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APIRIC DEFICIENCY)	LD BE	COMPLETE DATE		
C 189	Continued From pa	ge 8	C 189					
	was missing its cov d. Back Exit - the missing its globe at	exterior light fixture was						
	maintained in a saft that clothes dryer of free area. This cou- visitors by allowing fire) Findings on June 1 a. Clothes dryer of	exhaust system - the exhaust ed to the wall allowing away for						
C 199	Exhaust Ventilation	1	C 199					
	10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhat two cubic feet per or requirement does or before April 1, 198- these specified space (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the ex- which shall not app This Rule is not m 1. Based on Obse	ted in this Paragraph shall be ust ventilation at the rate of minute per square foot. This not apply to facilities licensed 4, with natural ventilation in sces: prage; it toilet rooms;						
D1 3-1 111	generated or requirements Service Regulation	red. This could affect all						

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STATEMEN	Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			MULTIPLE O	CONSTRUCTION 1	(X3) DATE S COMPLE	
		HAL041015	B. W	VING		06/15	/2016
NAME OF P	MARIE OF PROVIDER OR SOLL CITY				ATE, ZIP CODE		1
LAWSON	'S ADULT ENRICHMI		19 WOODBR		405		
(X4) ID PREFIX TAG	YEARH DESIGNENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	() P	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	COMPLETE DATE
C 199	Continued From pa	ge 9	C	199			
	odors. Findings on June 1 s. Mop Room ner	visitors by subjecting the 5, 2016: ar Bedroom 2 - there was system and odors are po	s no				
ł							
-							
	,						
	Janih Sanira Danuktin						

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